



Explore New Tools for Understanding Billable Community Health Worker Services

January 21, 2026

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Tribal-State Relations Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. In Minnesota, we are standing on the ancestral lands of the Dakota people. We want to acknowledge the history of this land, including the Dakota, the Ojibwe, the Ho-Chunk, and the other nations of people who also called this place home. Native peoples were removed unjustly, and we in this space are the beneficiaries of that removal. At MDH, as we understand that land is related to health, we want to be a good steward of the land we are on. This acknowledgement is just one piece of that. We understand the systemic racism, historic trauma, and genocide that has impacted Indigenous communities and peoples in our state.

We recognize that a land acknowledgement is a first step. We support this action with resources and shared decision-making to meet Tribal public health priorities and needs. With our Indigenous neighbors and coworkers, we can advance health equity and work to ensure all communities across the state are thriving and all people have what they need to be healthy.

We encourage state employees and the public to research the history of the lands we are on and if you are able, find Native-led events to attend, organizations to support, and causes to champion.

This webinar is provided free of charge by a partnership between the Community Health Worker Initiatives and the Health Care Homes Program at Minnesota Department of Health. We thank you for being here today!

Please note, your microphones are muted upon entry. Please put your questions in the chat. Also, this webinar is being recorded.

Health Care Learning Days 2026

- When: Wednesday, May 13, 2026
- Where: Heritage Center of Brooklyn Center
- Who: Health care clinic staff, public health, and community partners
- Call for presenters now open, check out our learning days website for more details.

SAVE the DATE



**Health Care Homes
Learning Days 2026**



Heritage Center of
Brooklyn Center
Brooklyn Center, MN

**May
13**

About Us: MDH CHW Initiatives

Purpose

MDH CHW Initiatives (CHWI) is committed to strengthening and expanding Minnesota's CHW workforce. Through collaboration with partners, CHWI aims to reduce health disparities, improve health outcomes, and advance health equity across the state.

Goals

- **Expand** a community and culturally responsive **CHW workforce** statewide
- **Increase access** to effective **CHW services**
- Build sustainable, evidence-based **CHW workforce models**
- Strengthen **data, evaluation, and impact** measurement of CHW services

Key Strategies

- **Partnerships & Collaboration:** Align state and community efforts to improve health outcomes
- **Training & Workforce Development:** CHW certificate programs, apprenticeships, scholarships, and upskilling opportunities
- **Infrastructure & Sustainability:** Implement the Minnesota CHW Roadmap for Sustainable Infrastructure and address reimbursement challenges
- **Evaluation & Measurement:** Track workforce growth, geographic reach, and CHW impact on health outcomes and equity



COMMUNITY HEALTH WORKER INITIATIVES

Partnering to sustain and expand Minnesota's CHW workforce



Community Health Workers (CHWs) are trusted health professionals that share life experiences, cultural backgrounds, and languages with the communities they serve. CHWs connect people to health care, health information, community resources, and basic needs.

CHWs reduce health care costs and improve health outcomes and quality of care.

MDH Community Health Worker Initiatives supports collaboration and coordination between state and community partners to:

- Sustain and expand the CHW workforce
- Equip CHWs to address health needs that impact community health and wellbeing
- Improve health outcomes



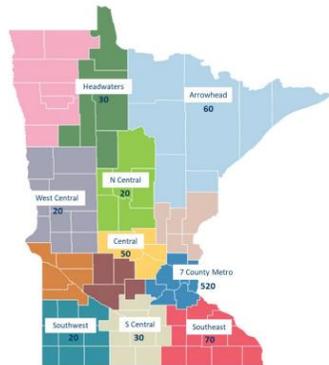
mn DEPARTMENT OF HEALTH

Connect with us
Visit: www.health.mn.gov/chw
Contact: health.chw.mdh@state.mn.us

MDH CHW Initiatives Resources for Employers

MINNESOTA COMMUNITY HEALTH WORKER INITIATIVES IN MINNESOTA

CHW Labor Estimates by Economic Development Region



OBJECTIVES	LONG-TERM OUTCOMES	OBJECTIVES	LONG-TERM OUTCOMES
1. CHW labor capacity to meet population needs in high-risk areas of Minnesota, especially in rural and tribal communities.	1. Increase number of CHW roles in high-risk areas of Minnesota, especially in rural and tribal communities.	6. Increase use of evidence-based program models and dissemination of program models to other employers that are providing CHW services.	6. Increased employment in health, education, mental health, and substance use services.
2. Increase awareness of benefits of the CHW role.	2. CHW role is recognized as a valued, essential component of patient and community care.	7. Meet necessary CHW role and share that information.	7. Increased ability to track and evaluate impact of CHW roles.
3. Increase awareness of CHW roles in diverse business and community settings.	3. Increased number of CHW roles in diverse business and community settings.	8. Increase number of employers offering CHW roles.	8. Increased number of employers offering CHW roles.
4. Increase number of CHW employed in CHW.	4. Increased number of CHW employed in CHW.	9. Increase employers' ability to get funds to pay CHW.	9. Increased number of employers able to pay CHW.
5. Increase CHW training opportunities.	5. Increased number of CHW training opportunities.		



[2024 MDH Environmental Scan of the CHW Field](https://www.health.mn.gov/communities/commhealthworkers/workforce.html)

<https://www.health.mn.gov/communities/commhealthworkers/workforce.html>

[CHW Logic Model 2024-2028](https://www.health.state.mn.us/communities/commhealthworkers/docs/logicmodel2025.pdf)

<https://www.health.state.mn.us/communities/commhealthworkers/docs/logicmodel2025.pdf>

[MDH CHW Online Training Modules](https://www.health.mn.gov/communities/commhealthworkers/courses.html)

<https://www.health.mn.gov/communities/commhealthworkers/courses.html>

[Community Health Worker Billing Toolkit](https://www.health.mn.gov/communities/commhealthworkers/docs/billingtoolkit.pdf)

<https://www.health.mn.gov/communities/commhealthworkers/docs/billingtoolkit.pdf>

Tools for Billing Community Health Worker Services in Minnesota

JANUARY 21, 2026



CHW Solutions
Community Health Worker services made easy

Women-owned business launched in 2016

Based in St. Paul with a statewide service area and national presence

Dedicated to developing sustainable models for Community Health Worker (CHW) services

Service buckets:

Direct CHW services

Clinical oversight and claims submission

Technical assistance and consulting

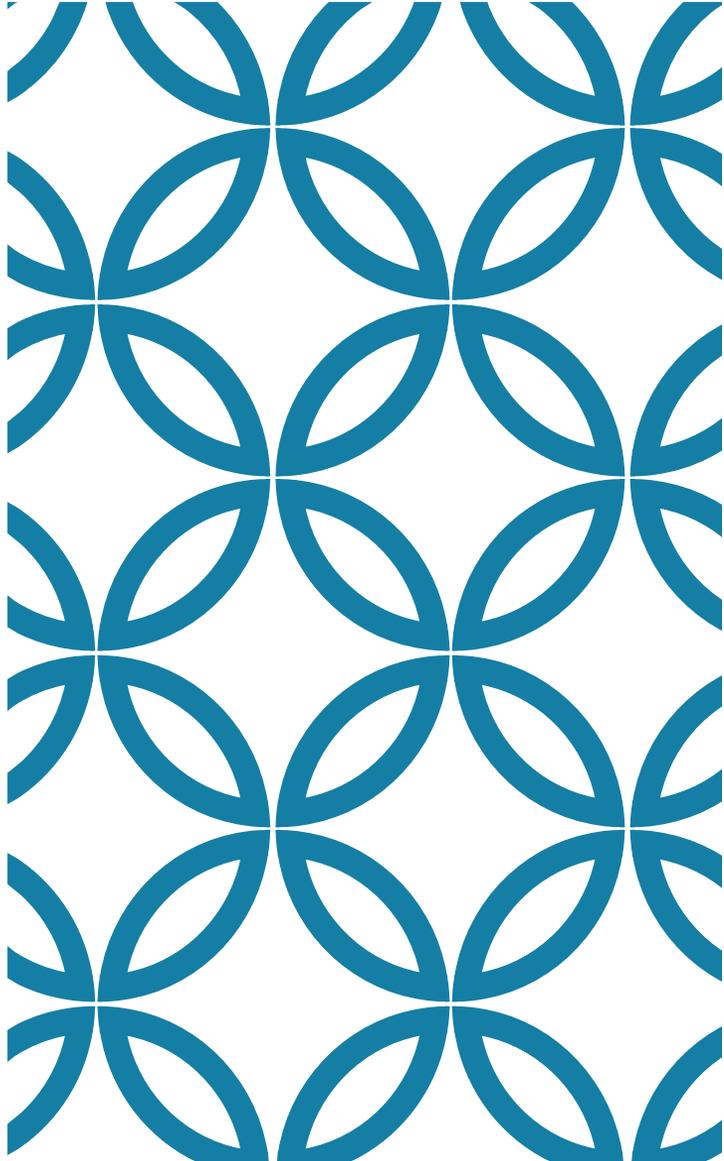


CHW Solutions
Community Health Worker services made easy

Please put in the chat your:

- NAME
- ORGANIZATION
- ROLE

Dedicated to developing sustainable models for CHW services.
Connecting patients with certificate-holding CHWs to improve health outcomes.
Driven by compassion, a diverse workforce, and gold standard CHW care.



TODAY'S PRESENTERS



**Megan Ellingson –
Co-Founder, CHW Solutions**

Megan E.’s expertise is in collaborative planning and implementation to address health issues requiring both clinic and community approaches.

Megan’s professional experience includes serving as a Health Policy and Program Coordinator at the Minneapolis Health Department, and as a Department Manager in women’s services and pastoral care at Intermountain Healthcare.

Her direct patient care experience includes serving as a Patient Advocate at MayView Community Health Center, as a Care Guide in late-life supportive care at Allina Health, and as a hospice volunteer with her therapy cat at HealthPartners.

Megan has a Bachelor’s Degree in Human Biology and Medical Anthropology from Stanford University, and a Master’s Degree in Healthcare Administration and Financial Management from the University of North Carolina, Chapel Hill. She also obtained her Minnesota CHW certificate from Northwest Technical College in 2018.



**Megan Nieto –
Co-Founder, CHW Solutions**

Megan N.’s expertise is in direct supportive services for families facing lead poisoning, healthy homes, asthma, and other chronic health conditions.

Megan’s professional experience includes serving as the Director of Community Health Programs at a community-based organization and as a Community Lead Educator. Supportive services expertise includes in-home visiting, resource referral and connection, clinical lead testing services, and case management. In these roles, Megan developed contracts with health insurance companies, and low-cost mechanisms for processing claims, so her organization could supplement its grant-funded efforts with insurance payment income.

Megan has a Bachelor of Science degree in Biology from St. Cloud State University and is bilingual in Spanish/English. She also received her Community Health Worker certificate in 2017 from Northwest Technical College in Bemidji. Megan currently teaches the Minnesota CHW Certificate courses — in English and Spanish — as an online instructor at St. Mary’s University in Minnesota.



**Eric Snyder --
Partner, Excelsior Bay Group**

Eric leads the Excelsior Bay Group’s nonprofit strategy and philanthropic advisory practices. Prior to joining the firm, he spent 10 years at Optum (a UnitedHealth business) where he led teams focused on innovation, product development and product management/evaluation.

He acquired his non-profit management experience while serving as the executive director of the Medical Technology Leadership Forum, an organization that facilitates policy discussions between the medical industry, government regulators and academia.

Eric also had the opportunity to launch and lead PrimeWest Health System, a Medicaid managed care organization (MCO) owned and managed by a consortium of counties in central and western Minnesota. At the time of its inception, PrimeWest was responsible for the health care of 10,000 Medicaid enrollees in its participating counties.

Eric is a charter board member of Community for the Commons – a conservancy established for the benefit of Excelsior, Minnesota’s historic Commons park. In addition, he has served in governance roles for a number of organizations including Maria’s Voice, the Excelsior Parks Commission, FairVote Minnesota and ResourceWest. He holds an MBA and a Master’s in Public Affairs from the University of Minnesota and a Bachelor’s degree in English from the University of Nebraska.

PROJECT REVIEW

The Minnesota Department of Health has engaged CHW Solutions to create a suite of guides and tools to help organizations successfully bill for their CHW service delivery.

Deliverables from this project include:

1. A checklist for training, enrollment and billing requirements for covered CHW services
2. A summary grid of CHW services covered including billing codes, diagnosis codes, and requirements
3. Billing workflows for CHW services by organization type
4. At least one training or technical assistance session with key stakeholders (FQHCs, local public health, tribal organizations, and community organizations) on use of guides and tools
5. Summarize recommendations, barriers, and lessons learned from key stakeholders.
6. Tipsheet on contracting with MCOs for CHW services
7. Cost analysis of CHW time, expenses and billing revenue for sustaining CHW positions through CHW initiatives and CHW Education codes



NEEDS, BARRIERS AND LESSONS LEARNED

- CHW/CHR training; CHWs obtaining NPIs
- Payer enrollment
- Documentation of service delivery
- Capturing relevant data points for claims reimbursement
- Claims submission and processing
- Reimbursement levels / economic sustainability
- Training/TA/Consulting on CHW billing
- Billing tools and documents
- Billing learning community / peer learning

Identified in:

- CHW Initiatives
“Environmental Scan”
- Sustainable Roadmap

POLL QUESTION #1

What is your role in CHW billing at your organization?

- CHW
- Supervisor
- Clinician
- Administrator/Finance
- Biller
- OTHER

POLL QUESTION #2

How would you rate your organizational readiness for CHW billing?

- Beginner/Novice
- Intermediate or Committed but Confused
- Advanced/Expert (may have some specific questions)

POLL QUESTION #3

Rate 1-10 how intimidated you are by
CHW billing?

1 Meh -- it's like a walk in the park

10 Feels like a crocodile is chasing you in the Bayou

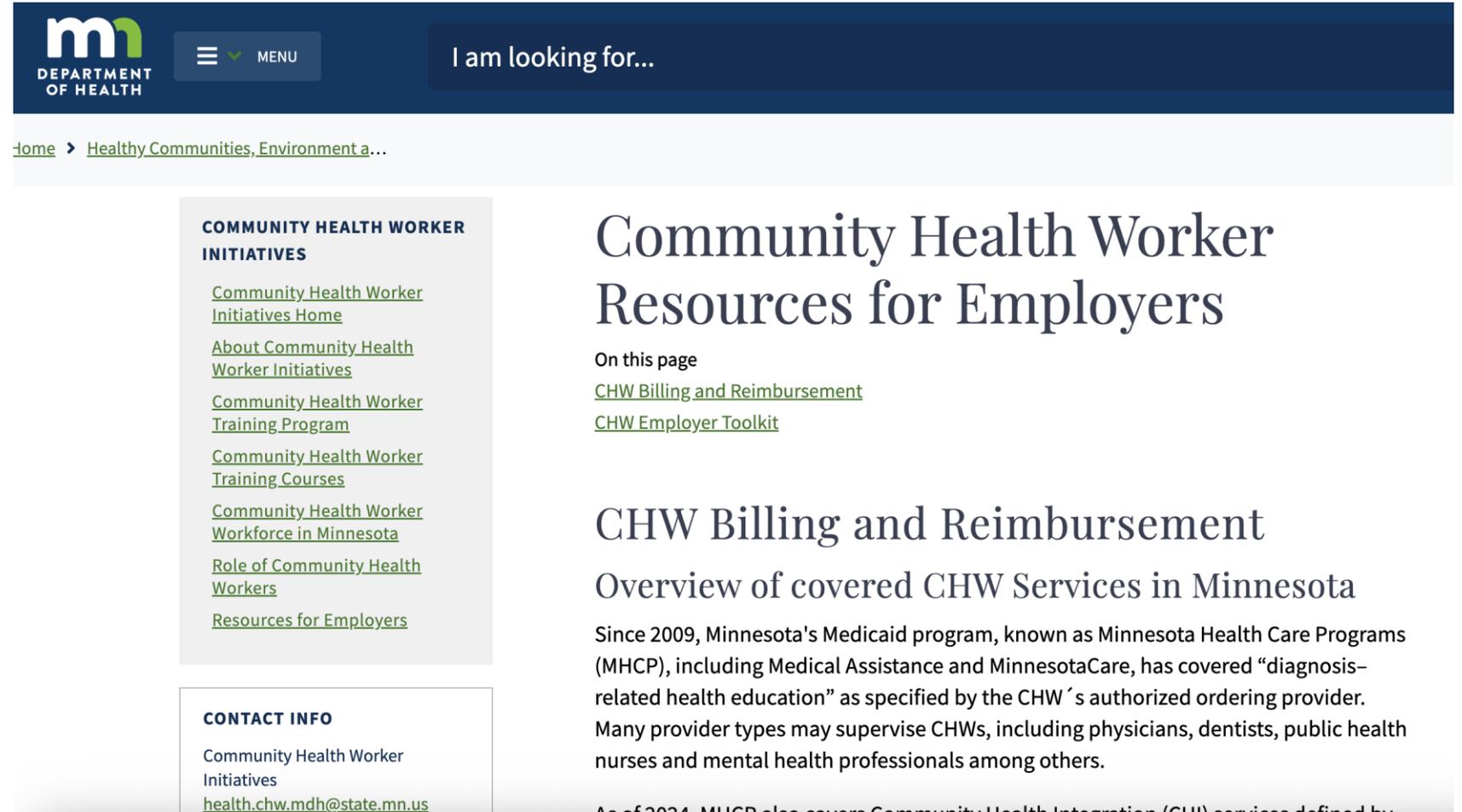
CHW BILLING TOOLKIT CONTENTS

<https://www.health.mn.gov/communities/commhealthworkers/employers.html>

1. Background information and suggestions for use
2. Who to contact if you have questions or need assistance (“Beyond the Toolkit”: Page 7)
3. Summary information grid
4. Workflows and checklists by organization type
5. Links to relevant CMS, MN Health Care Programs and other web pages
6. Appendices (tip sheet, example DHS forms, source documents, NPI guide, etc.)
7. Financial modeling tool
8. Testimonials

CHW BILLING TOOLKIT CONTENTS

<https://www.health.mn.gov/communities/commhealthworkers/employers.html>



The screenshot shows the Minnesota Department of Health website. At the top left is the logo for the Minnesota Department of Health. To its right is a navigation menu icon and the text "MENU". Further right is a search bar with the placeholder text "I am looking for...". Below the navigation bar is a breadcrumb trail: "Home > Healthy Communities, Environment a...". The main content area is divided into two columns. The left column is titled "COMMUNITY HEALTH WORKER INITIATIVES" and contains several links: "Community Health Worker Initiatives Home", "About Community Health Worker Initiatives", "Community Health Worker Training Program", "Community Health Worker Training Courses", "Community Health Worker Workforce in Minnesota", "Role of Community Health Workers", and "Resources for Employers". Below this is a "CONTACT INFO" section with the text "Community Health Worker Initiatives" and the email address "health.chw.mdh@state.mn.us". The right column features a large heading "Community Health Worker Resources for Employers". Below this heading is the text "On this page" followed by two links: "CHW Billing and Reimbursement" and "CHW Employer Toolkit". Further down is another heading "CHW Billing and Reimbursement" followed by the sub-heading "Overview of covered CHW Services in Minnesota". The text below this sub-heading reads: "Since 2009, Minnesota's Medicaid program, known as Minnesota Health Care Programs (MHCP), including Medical Assistance and MinnesotaCare, has covered 'diagnosis-related health education' as specified by the CHW's authorized ordering provider. Many provider types may supervise CHWs, including physicians, dentists, public health nurses and mental health professionals among others." At the bottom of the right column, the text "As of 2024, MHCP also covers Community Health Integration (CHI) services defined by" is partially visible.

CHW BILLING TOOLKIT CONTENTS

<https://www.health.mn.gov/communities/commhealthworkers/employers.html>

CHW Billing Toolkit

Overview

The CHW Billing Toolkit was developed in 2025 in response to barriers identified by CHWs and CHW services organizations in understanding and implementing billing for CHW services in Minnesota. These barriers are laid out in the [2024 CHW Initiatives in Minnesota: An Environmental Scan of the CHW Field \(PDF\)](#) and the [2025 Sustainable CHW Roadmap for Minnesota](#).

The toolkit is for Minnesota CHW/CHR service organizations, Minnesota health care providers interested in linking patients with reimbursable CHW/CHR services, and individual CHWs/CHRs interested in understanding how CHW training enables medical billing and reimbursement for services.

Toolkit

- [2025 Community Health Worker Billing Toolkit \(PDF\)](#)
- [CHW Medical Billing Payment Models, Codes, and Payer Grid \(PDF\)](#)
- [CHW Billing and Reimbursement Process Steps \(PDF\)](#)
- [Interactive Community Health Worker Program Cost Modeling Tool](#)

Workflows and checklists

The toolkit's workflows and checklists are grouped by organization type. Each organization type has two workflows with related checklists. There is one workflow and one checklist for health education services, and one workflow and one checklist for Community Health Integration (CHI) services.

SUMMARY GRID - DESCRIPTION

Two types of CHW services:

- **Health Education Services**
- **Community Health Integration (CHI) Services**

For each set of services, grid includes:

- The delivery model, including:
 - ✓ General supervision
 - ✓ Orders/Initiating visit
 - ✓ CHW training, certificate requirements
- Qualifying conditions / Non-covered services
- Covered CHW services
- Coding / Reimbursement approach
 - ✓ Diagnosis codes
 - ✓ HCPCS CPT procedure codes
 - ✓ Allowable units of service per day / month
 - ✓ Reimbursement amounts
- Payers that reimburse for each set of services
- Links to source documents are included in each grid

Community Health Worker medical billing payment models, codes, and payers

SUMMARY GRID

<https://www.health.mn.gov/communities/commhealthworkers/docs/medbillmodel.pdf>

Category	Health Education Services	Community Health Integration (CHI) Services
Qualifying Conditions	<ul style="list-style-type: none"> ▪ Patient education for health promotion and disease management ▪ The service must involve teaching the patient how to self-manage their health or oral health effectively in conjunction with the health care team 	<ul style="list-style-type: none"> ▪ Upstream drivers of health needs (including but not limited to food insecurity, transportation insecurity, housing insecurity, and unreliable access to public utilities) that significantly limit the practitioner's ability to diagnose or treat the patient
Non-Covered Services	<ul style="list-style-type: none"> ▪ Social services such as enrollment assistance ▪ Case management ▪ Advocacy 	<ul style="list-style-type: none"> ▪ Services provided to groups
CHW Services	<p>The content of the patient education plan or training program is consistent with established or recognized health or dental health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms, and health or dental literacy of the individual patients.</p> <p>Examples of Topics of Patient Education:</p> <ul style="list-style-type: none"> ▪ Disease-specific patient education: heart disease, stroke, diabetes, cancer, dental disease, mental health, substance abuse, and others ▪ Non-disease-specific patient education for preventive or health promotion visit ▪ Understanding of health condition and treatments ▪ Understanding and using medications ▪ Wellness, prevention, immunizations, nutrition and other health promotion activities ▪ Elements of healthy lifestyles, weight, exercise, recreation, relationships, managing stress, and other topics within the context of patient's unique community culture ▪ Monitoring routine and preventive primary care, dental care and well child visits 	<p>Activities to address SDOH needs, may include but are not limited to:</p> <ul style="list-style-type: none"> ▪ Person-centered, upstream drivers of health assessment (covered but not required) ▪ Practitioner-, home-, and community-based care coordination ▪ Health education ▪ Building patient self-advocacy skills ▪ Health care access / health system navigation ▪ Facilitating and providing social and emotional support; and ▪ Leveraging lived experience, when applicable <p>CHI services can be billed when they are provided without patient present, but when the CHW is working on the patient's behalf</p> <p>Person-centered assessment, performed to better understand the individualized context of the intersection between the SDOH need(s) and the problem(s) addressed in the initiating visit</p> <ul style="list-style-type: none"> ▪ Conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that aren't separately billed) ▪ Facilitating patient-driven goal-setting and establishing an action plan ▪ Providing tailored support to the patient as needed to accomplish the practitioner's treatment plan

Download

THE BILLING PROCESS

CHW BILLING & REIMBURSEMENT PROCESS



SIX BILLING WORKFLOWS AND CHECKLISTS

Three sets of workflows/checklists by organization type:

1. **Health Care Organizations:** (HCOs)
(includes clinics, Local Public Health, Tribal clinics, FQHCs)
2. **Community Based Organizations** (CBOs)
3. **CHW “Hub” organizations**

Two workflows/checklists for each organization type:

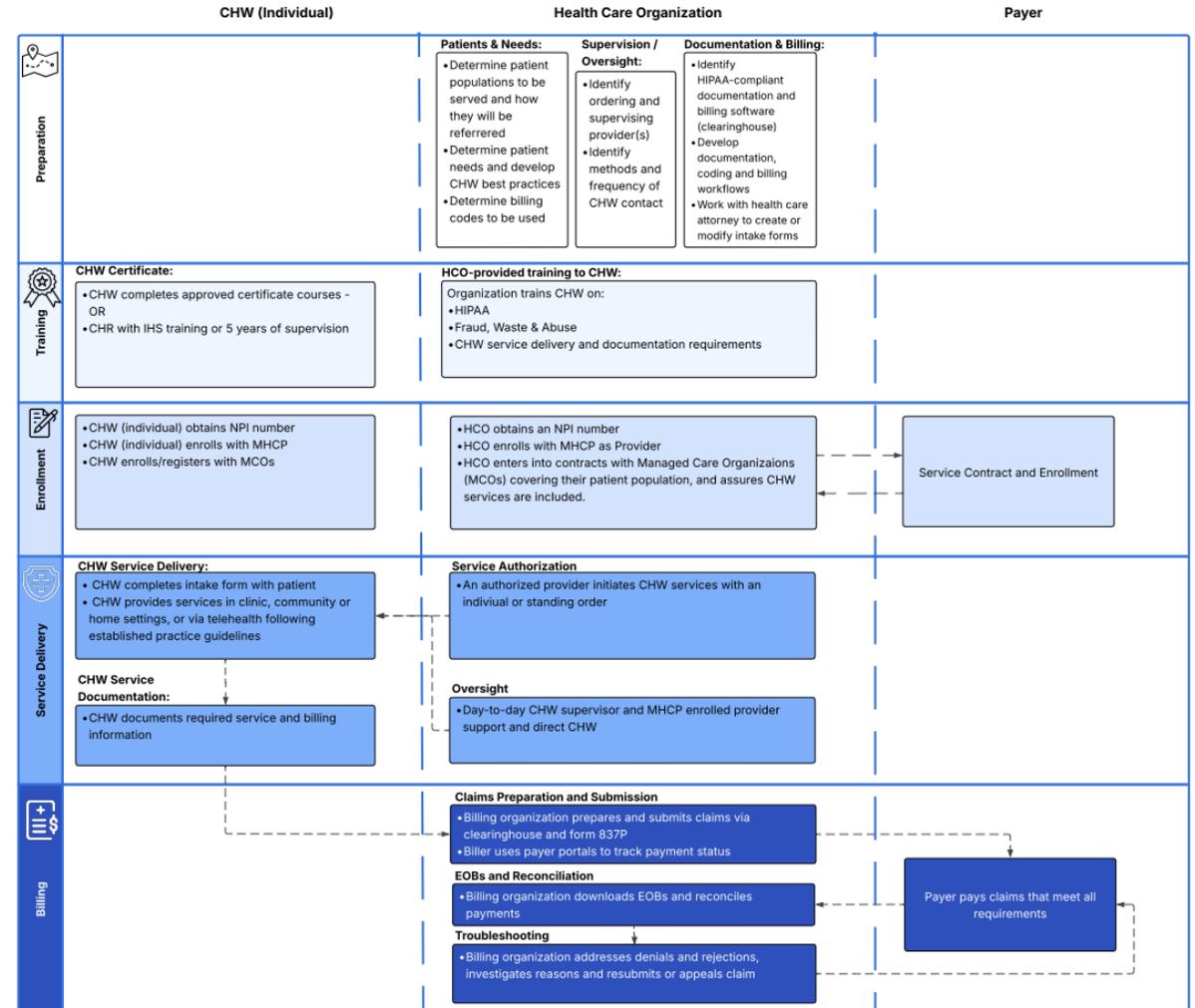
- **Health Education Services**
- **Community Health Integration (CHI) Services**

Each workflow provides a description of:

- The five “steps” in the billing process
 1. Preparation
 2. Training
 3. Enrollment
 4. Service Delivery
 5. Billing
- The specific responsibilities of individual CHWs and the Organization in completing each step.
- Workflows are intended to be used in-tandem with a companion “checklist” that includes more granular detail for each task.
- Workflows and checklists are color coded for each CHW organization type.

BILLING WORKFLOW — HEALTH CARE ORGANIZATION EXAMPLE

Health Care Organization (HCO) Workflow: Health Education Codes



CHECKLIST – HEALTH CARE ORGANIZATION EXAMPLE

MDH 2025 CHW SERVICES BILLING TOOLKIT

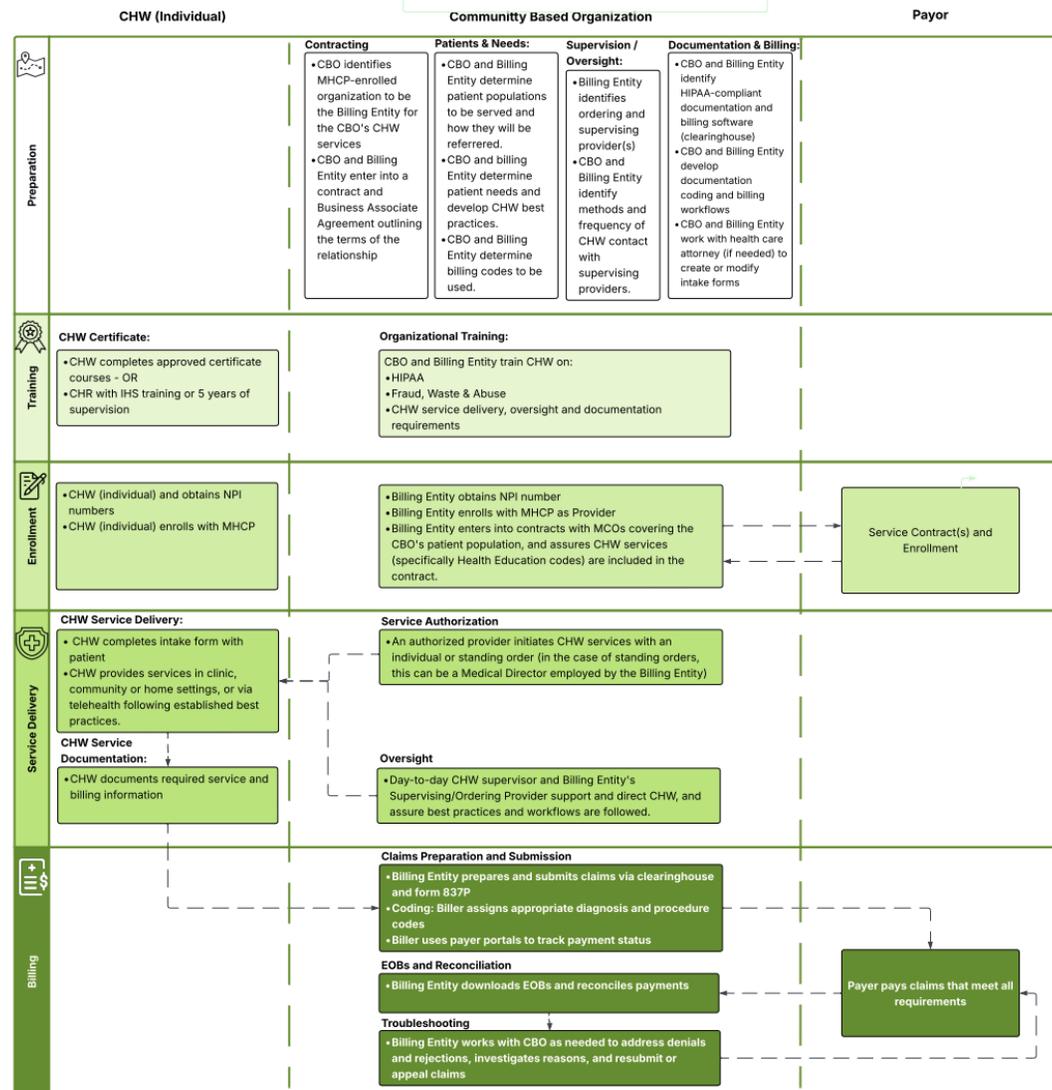
Health Care Organization Checklist: CHW Health Education Codes

Health Care Organization (HCO) - non-FQHC Community Health Worker (CHW) Health Education Codes Billing Requirements

Category	Completed Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: HCO
a. Patients and Needs:		<ul style="list-style-type: none"> Determine patient populations to be served and how they will be referred <ul style="list-style-type: none"> Estimate what percent of populations to be served are Minnesota Health Care Programs (MHCP) recipients. 		X
		<ul style="list-style-type: none"> Determine patient needs and develop CHW best practices <ul style="list-style-type: none"> What are the patients' health risks and/or conditions, and how will CHW services address these? Define and document the messages and services CHWs will provide to patients. The service must involve teaching the patient how to self-manage their health effectively in conjunction with the health care team. The service can be provided individually or in a group, in an outpatient, home clinic, other community setting or via telehealth. The content of the patient education plan or training must be consistent with established or recognized health or dental health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms and health or dental literacy of the individual patients. See Appendix 1: Healthy Communities Task Force Report for examples of covered Health Education services. 		X
		<ul style="list-style-type: none"> Determine Health Education billing codes to be used (1:1 and/or Groups) <ul style="list-style-type: none"> 98960 (1:1 services) 98961 (groups of 2-4 people) 98962 (groups of 5-8 people) 98962 (U9) (groups of >8 people) 		X

BILLING WORKFLOW — COMMUNITY BASED ORGANIZATION EXAMPLE

Community Based Organization (CBO) Workflow: Health Education Codes



CHECKLIST — COMMUNITY BASED ORGANIZATION EXAMPLE

MDH 2025 CHW SERVICES BILLING TOOLKIT

Community Based Organization Checklist: CHW Health Education Codes

Community Based Organization (CBO) - Community Health Worker (CHW) Health Education Codes Billing Requirements

Category	COMPLETED Yes or No	1. Preparation Steps	Responsible Lead: CHW/CHR	Responsible Lead: CBO	Responsible Lead: Billing Entity
a. Contracting:		<ul style="list-style-type: none"> CBO identifies Minnesota Health Care Programs (MHCP)-enrolled organization to be the Billing Entity for the CBO's CHW services <ul style="list-style-type: none"> The Billing Entity will provide claims processing and general (not day-to-day) supervision of the CBO's CHW team 		X	X
		<ul style="list-style-type: none"> CBO and Billing Entity enter into a contract and Business Associate Agreement (BAA) outlining the terms of the relationship <ul style="list-style-type: none"> The BAA is necessary to define and hold responsible each entity's roles and responsibilities to maintain and safeguard patients' Protected Health Information (PHI) 		X	X
b. Patients and Needs:		<ul style="list-style-type: none"> CBO and Billing Entity determine patient populations to be served and how they will be referred <ul style="list-style-type: none"> Estimate what percent of populations to be served are MHCP recipients 		X	X

TIPSHEET - DESCRIPTION

The purpose of the tipsheet is to provide guidance in contracting with MCOs for CHW services.



TIPSHEET - EXAMPLE

TIPS Sheet for CHWs and CHW Organizations for MHCP Enrollment and MCO Contracting for CHW Services

Organizational Provider Enrollment

1. Organizations must first apply for a Type 2 NPI number on the [National Plan & Provider Enumeration System \(NPPES\)](#) website. You will need this number for your MHCP enrollment application.
 - a. You will need to identify the taxonomy code that describes your entity (health care practice) and the professional services your organization provides. Use the National Uniform Claim Committee (NUCC) code set list to find the taxonomy code that most closely describes your provider type (<https://taxonomy.nucc.org>). You will need to complete your NPI application.
 - b. The CHW taxonomy, 17200000X, is ONLY for individual providers applying for a Type 1 NPI.
2. Organizations must enroll with MHCP before providing services to MHCP members and before [entering into contracts](#) with the Managed Care Organizations.
 - a. Register for the Minnesota Provider Screening and Enrollment Portal (MPSE) and follow the steps to complete the enrollment process online.
 - b. You must choose an organizational provider type. Review the DHS webpage, "[Enrollment with Minnesota Health Care Programs \(MHCP\)](#)" and navigate to the, "Eligible Providers" section to review the chart of organizational providers.
 - c. If your entity doesn't perfectly fit the defined categories for an organizational provider with MHCP you should contact the MHCP Provider Resource Center at 651-431-2700 or 1-800-366-5411. They can offer guidance and clarify if your entity's services or structure can be accommodated under an existing category.
 - d. If you can't use the MPSE portal, you can complete paper enrollment documents and [fax](#) them to MHCP. MHCP does not accept documents via email.
 - e. Save your enrollment Welcome Letter from MHCP. The MCOs may ask for a copy of the letter as you start the contracting process.
3. Excluded Provider Lists. Organizations must check providers to be sure they are not on the federal and state excluded provider lists. Organizations should check providers before enrolling, before hiring new employees, then monthly to be sure there are no changes. Navigate to the DHS webpage, "[Excluded Provider Lists](#)" to review the federal and state lists.
4. Once your organization is enrolled with MHCP, then you can start the contracting and credentialing process with the MCOs. Each MCO will have their own provider enrollment and credentialing procedures.
 - a. Refer to the [Mans of Health Plan Service by County](#) to see which MCOs offer coverage in the counties

Individual Provider Enrollment

1. [In order](#) to deliver CHW services to MHCP members who have insurance coverage through a health plan, your CHWs must be enrolled as an individual provider with MHCP.
2. CHWs must first apply for a Type 1 NPI number on the [National Plan & Provider Enumeration System \(NPPES\)](#) website. You will need this number for your MHCP enrollment application.
 - a. Use the CHW taxonomy, 17200000X.
 - b. If you are a provider of a different type and already have an NPI number, add the CHW taxonomy to your existing NPI number. Do not apply for a new NPI number.
3. Once CHWs receive their CHW certificate, they can begin the enrollment process with MHCP. A copy of the CHW certificate will be required to be uploaded to the MPSE portal to complete enrollment. It can be an electronic version of the certificate or a scanned/picture copy of the paper certificate.
4. It is highly recommended that one or two people within your organization become very familiar with [enrolling CHWs](#) on the MPSE portal and [assist](#) the individual CHWs with their enrollment. These individuals are typically the credentialing contact on the CHW's application.
5. CHWs will need to complete the following forms:
 - a. Individual – Provider Enrollment Application (DHS-4016)
 - b. Fee-for-Service and Managed Care Organization In-Network Provider Agreement (DHS-4138)
 - c. Community Health Worker Provider Assurance Statement (DHS-5308)
 - d. Telehealth Provider Assurance Statement (DHS-6806)
6. Enrollment staff at your organization should check the documents for completeness, accuracy, and be sure all documents are signed. Electronic signatures are accepted by MHCP but be sure the electronic signature checkbox is checked, or the documents will be rejected.
7. Allow 30 business days for processing applications. If DHS needs more information, they will send a request for more information letter through U.S. mail and your MNITS mailbox telling you what you need to do to complete your enrollment. Keep in mind, the 30-business day clock resets each time DHS needs more information. Not reviewing applications for completeness and accuracy can significantly delay your enrollment approval.
8. DHS periodically makes edits to their enrollment documents. It is recommended to go to the provider manual page, "[Community Health Worker Enrollment Criteria and Forms](#)," each time you add a new CHW to your team. This will avoid the pitfall of using an outdated form. Using an outdated form can delay your application approval.
9. CHWs will add a start date to their application. This is typically the date they received their NPI number and/or

REQUIRED DHS PROVIDER ENROLLMENT FORMS

1. DHS-4016 Individual Provider Enrollment Application
2. DHS-4138 Fee-for-Service Managed Care Organization Network Provider Enrollment Agreement
3. DHS-5308 Community Health Worker Provider Assurance Statement
4. DHS-6806 Telehealth Provider Assurance Statement

The up-to-date forms are located in the DHS Provider Manual. Click [HERE](#) to access the forms.

Find in Table of Contents:

- Home page
- Member Evidence of Coverage
- Enrollment with MHCP
- Provider Basics
- COVID-19
- Acupuncture Services
- Ambulatory Surgical Services
- Anesthesia Services
- Behavioral Health Home Services
- Certified Community Behavioral Health Clinic
- Child and Teen Checkups
- Chiropractic Services
- Clinic Services
- Community Emergency Medical Technician Services
- Community First Services and Supports
- Community Health Worker
- Community Paramedic Services
- Day Training and Habilitation Day Services
- ▶ Dental Services
- Early Intensive Developmental and Behavioral Intervention
- Equipment and Supplies
- Essential Community Supports
- Financial Management Services
- Hearing Aid Services
- Home Care Services
- Hospice Services
- Hospital Services
- Housing Stabilization Services
- Housing Support Supplemental Services
- Immunizations and Vaccinations
- Individualized Education Program Services
- Inpatient Hospital Authorization
- Intermediate Care Facilities
- Laboratory and Pathology Services
- Medication Therapy Management Services

Community Health Worker Enrollment Criteria and Forms



Revised: October 2, 2025

To enroll as a community health worker (CHW) with Minnesota Health Care Programs (MHCP), a CHW must complete a Minnesota State Colleges and Universities (MnSCU) certified curriculum program recognized by the Healthcare Education Industry Partnership Community Health Worker Project policy committee. The following schools currently offer the certificate program:

- [Minnesota West Community & Technical College](#)
- [Normandale Community College, Bloomington](#)
- [Northwest Technical College, Bemidji \(primarily online; meet in person as needed\)](#)
- [Rochester Community and Technical College, Rochester \(as needed\)](#)
- [St. Catherine University, St. Paul \(hybrid; online or in person\)](#)

These schools are no longer offering the Community Health Worker Program but may enroll with certificate issued by:

- Minneapolis Community and Technical College
- Summit Academy OIC
- South Central Community College
- St. Mary's University of Minnesota
- Inver Hills Community College

Tribal community health representatives (CHRs) may enroll as CHWs if they complete the MnSCU certification, the Federal Indian Health Services (IHS) training or meet the five years of supervised experience with an MHCP-enrolled physician or advanced practice registered nurse (APRN) providing educational services. MHCP and MnSCU will work with the tribes and IHS to determine how CHR training might be used to meet CHW requirements.

How to Enroll

Providers wanting to enroll with MHCP or make enrollment requests can do so in **one** of the following two ways:

- Register to access the [Minnesota Provider Screening and Enrollment \(MPSE\) portal](#) and complete your enrollment online using the [MPSE portal](#). Also, upload the following in the MPSE Portal:
 - [Fee-for-Service \(FFS\) only or FFS and Managed Care Organization In-Network Provider Agreement \(DHS-4138\) \(PDF\)](#) or [MCO In-Network Provider Agreement \(DHS-8355\) \(PDF\)](#)
 - [Community Health Worker \(CHW\) Provider Assurance Statement \(DHS-5308\) \(PDF\)](#) signed by both the applicant and supervising professional
 - A copy of the certification from one of the MnSCU approved programs

EXAMPLE FORMS (CONTINUED)



MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Individual Provider Enrollment Application

You can complete your enrollment with MHCP in one of the following ways:

- Complete it electronically and manage your record by using our online system [Minnesota Provider Screening and Enrollment \(MPSE\) portal](#).
 - New providers must review the [Registration and Access](#) in the MPSE User Manual to enroll using MPSE.
 - Existing MHCP-enrolled providers, log in to your [MN-ITS](#) account. If you never registered your MN-ITS account, your login information is on your original "Welcome" letter.
 - Do not complete this form if you are using the MPSE portal to enroll or update enrollment information. The MPSE portal serves as an electronic version of this form.
- Type or neatly print the requested information as completely as possible on this form and fax to MHCP Provider Eligibility and Compliance at **651-431-7462**. Do not skip required fields. An incomplete form will delay processing this application.

If you have questions about how MHCP may use and disclose private information about you, refer to our [Data Privacy Notice \(DHS-6287\) \(PDF\)](#).

Enrollment Record Type

Select eligible enrollment record types from the list that identify you and your types of licensure.

- | | |
|--|--|
| <input type="radio"/> Acupuncturist AP | <input type="radio"/> Home Care Nurse 64 |
| <input type="radio"/> Allied Oral Health Professional 31 | <input type="radio"/> Licensed Independent Clinical Social Worker 14 |
| <input type="radio"/> Alcohol and Drug Counselor DC (also complete DHS-7754) | <input type="radio"/> Licensed Marriage and Family Therapist 25 |
| <input type="radio"/> Audiologist 43 | <input type="radio"/> Licensed Professional Clinical Counselor 63 |
| <input type="radio"/> Certified Mental Health Rehabilitation Professional - CPRP 26 (also complete DHS-6095) | <input type="radio"/> Licensed Psychologist 42 |
| <input type="radio"/> Certified Nurse Midwife or Certified Midwife 66 | <input type="radio"/> Nurse Practitioner 65 |
| <input type="radio"/> Certified Nurse Specialist 68 | <input type="radio"/> Occupational Therapist 29 |
| <input type="radio"/> Certified Professional Midwife C1 | <input type="radio"/> Optometrist 35 |
| <input type="radio"/> Certified Registered Nurse Anesthetist 67 | <input type="radio"/> Pharmacist 70 |
| <input type="radio"/> Chiropractor 37 | <input type="radio"/> Physical Therapist 39 |
| <input checked="" type="radio"/> Community Health Worker* 55 (also complete DHS-5308) | <input type="radio"/> Physician 20 (also complete DHS-4646 if applicable) |
| <input type="radio"/> Dentist 30 | <input type="radio"/> Physician Assistant 69 |
| <input type="radio"/> Doula DA | <input type="radio"/> Podiatrist 36 |
| <input type="radio"/> Early Intensive Developmental and Behavioral Intervention (EIDBI) EI | <input type="radio"/> Registered Dietician or Licensed Nutritionist 15 |
| <input type="radio"/> Health Care Case Coordinator 27 | <input type="radio"/> Speech Language Pathologist 40 |
| <input type="radio"/> Hearing Aid Dispenser 77 | <input type="radio"/> Transportation Driver* DR |



Individual Provider Personal Profile (All information is required.)

This application is for (choose one) New enrollment Re-Enrollment Revalidation

NPI or UMPI 1234567890		NPI EFFECTIVE DATE 8/27/2025	
<input type="checkbox"/> I am not eligible for an NPI. Check here to have MHCP assign an UMPI)			
BACKGROUND STUDY NUMBER OR REQUEST ID (Nonemergency Medical Transportation (NEMT) Drivers and EIDBI only)			
FIRST NAME Sunny		MIDDLE NAME Fictitious	LAST NAME Day
DATE OF BIRTH 1/1/1981	SOCIAL SECURITY NUMBER 111-11-1111	FISCAL YEAR END (default is 12/31)	REQUESTED EFFECTIVE DATE 8/20/2025
OFFICE PHONE NUMBER (include area code) 000-000-0000	OFFICE FAX NUMBER (include area code) 000-000-0000	EMAIL ADDRESS sunnyday@chwchwhcw.com	

Is this enrollment record for your own private practice? Yes No

If yes, list the legal name of your private practice that is associated with your federal tax ID number. If you maintain a private practice and have a Type 2 National Provider Identifier (NPI) that identifies your practice, you must also enroll your organization.

PRIVATE PRACTICE LEGAL NAME	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	STATE TAX ID

Individual Provider's Credentials, Licenses or Board Certifications

List all current licenses or board certifications. You must enclose a copy of each license or board certification.

Type of license or board certification	License or certification number	Original issue date	Expiration date	Issuing state

HIGHEST DEGREE EARNED (if applicable) <input checked="" type="radio"/> Bachelor's <input type="radio"/> Master's <input type="radio"/> Doctorate	DATE DEGREE AWARDED 5/15/2005
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FINANCIAL MODEL - DESCRIPTION

The purpose of the “financial modeling” tool is to help CWH organizations to “plug in” their unique assumptions re:

- Service mix (Health Education vs. CHI)
- Patient case mix
- Payer mix
- Negotiated reimbursement rates
- CHW productivity assumptions

By entering this type of information into the model, the organization will be able to project:

- Operating revenue
- Operating expense
- The need for additional revenue streams in addition to claims reimbursement (philanthropy, other types of subsidy)
- An overall pathway to financial sustainability for their CHW program



FINANCIAL MODEL - PREVIEW

Financial Summary

Health Education
Case mix & revenue
by code, payer and
rate

CHI
Case mix & revenue
by code, payer and
rate

Operating
Expense
assumptions

CHW Productivity
assumptions

Revenue		
Direct Revenue		
MHCP Reimbursement	\$11,834.66	
MHCP CHI	\$7,990.98	
Medicare	\$10,680.42	
Private Payer Reimbursement	\$23,669.28	
Total Claims Reimbursement	\$54,165.34	
Payer claims reimbursement loss	\$7,424.96	
Total Net Direct Revenue	\$52,540.38	
Indirect Revenue		
IHS support for 638/contract facilities (d/b-operated)	\$15,000.00	
External funding (philanthropy, other)	\$10,000.00	
Internal funding (cross subsidy, etc)	\$10,000.00	
Total Revenue	\$77,540.38	
Expense		
Direct Expense		
CHWs Compensation (Salary & Benefits)	\$54,119.80	
Indirect Expense		
Management oversight	\$2,000	
Clinical oversight	\$2,000	
claims billing	\$2,000	
Supplies	\$300	
Travel	\$500	
Phone	\$500	
Computer	\$500	
Printer	\$50	
Software	\$150	
Secure email	\$10	
CHW	\$50	
Phone service	\$50	
Rent	\$6,000	
Furniture	\$1,000	
Other	\$5,411.98	
Total Expense	\$74,990.98	
Net Profit / (Loss)	\$2,549.40	

CHW Education Services		
Reimbursement Calculator - MHCP		
Procedure Code 9896 (face-to-face service, 1 patient)	Assumption	
Number of patients served per year	10	
Average number of service units provided per patient per year	1.0	
Total number of 9896 service units provided	10	
Payer reimbursement rate for a unit of 9896 service	\$8,478.88	
Budgeted revenue for 9896 service delivery	\$8,478.88	
Procedure Code 9891 (face-to-face service, 2-4 patients)		
Number of groups served per year	1	
Average number of patients per group	2.4	
Number of 9891 service units provided per group	2	
Total number of 9891 service units provided	2	
Payer reimbursement rate for a unit of 9891 service	\$15.26	
Budgeted revenue for 9891 service delivery	\$30.52	
Procedure Code 9892 (face-to-face service, 5-8 patients)		
Number of groups served per year	1	
Average number of patients per group	5.8	
Number of 9892 service units provided per group	2	
Total number of 9892 service units provided	2	
Payer reimbursement rate for a unit of 9892 service	\$9.26	
Budgeted revenue for 9892 service delivery	\$18.52	
Procedure Code 9892 w/IR modifier (face-to-face service, 5-8 patients)		
Number of groups served per year	1	
Average number of patients per group	5.8	
Number of 9892 UB units provided per group	2	
Total number of 9892 UB service units provided	2	
Payer reimbursement rate per unit of 9892 UB service	\$1,585.92	
Budgeted revenue for 9892 UB service delivery	\$3,171.84	
Total MHCP Revenue	\$11,834.66	
Indirect Revenue Assumptions		
IHS support for 638/contract facilities (debitally-run facilities)	\$15,000.00	
Projected philanthropy	\$10,000.00	
Disputed internal transfer	\$10,000.00	

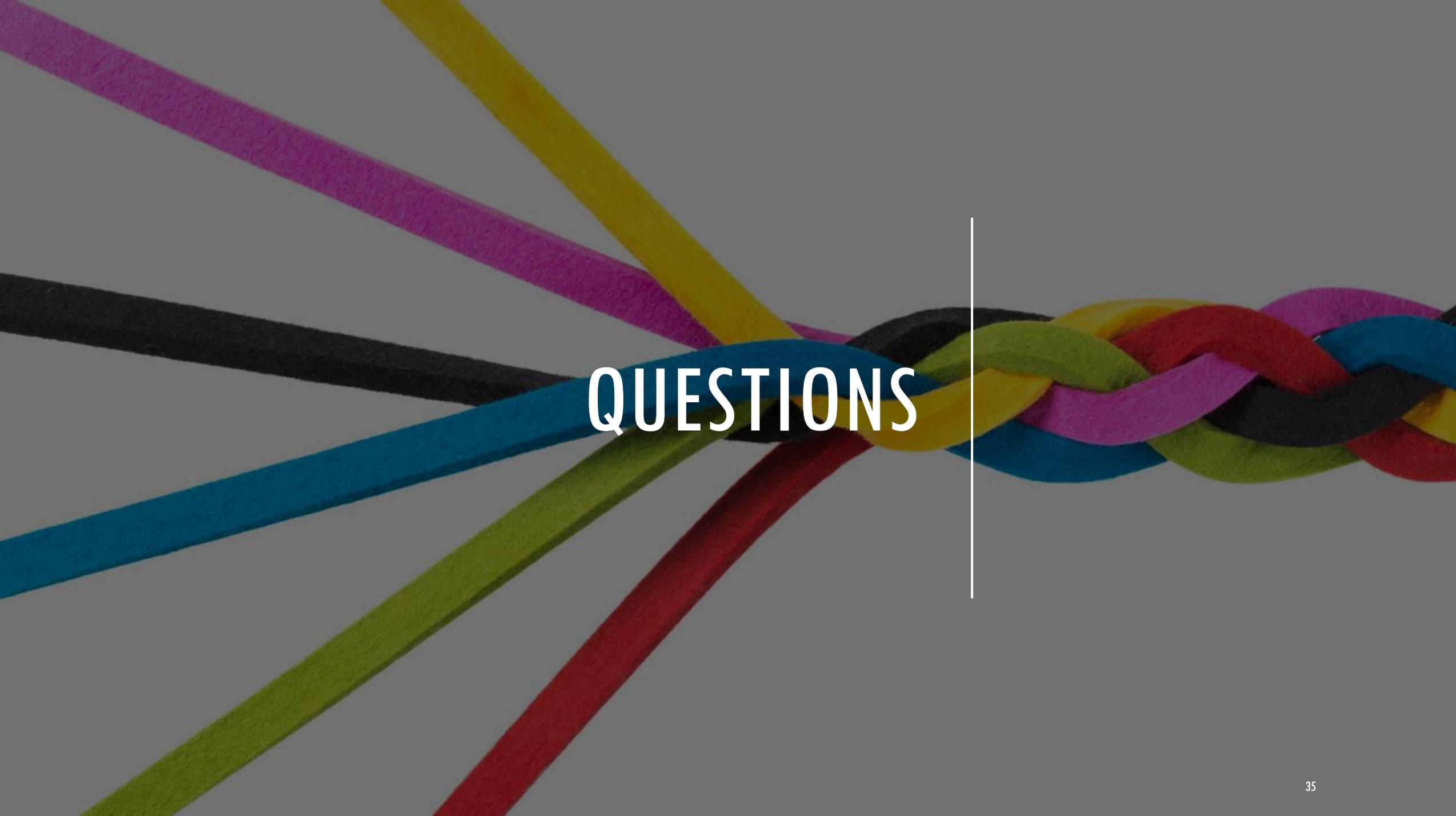
Community Health Integration (CHI) Services		
Reimbursement Calculator - MHCP		
Number of patients served per year	10	
Number of initial 60 minute visits per patient (IG Code Q010)	1.0	
Number of follow up 30-minute increments per patient (IG Code Q011)	1.0	
Total units of Q010	10	
Total units of Q011	10	
Total units of Q012	20	
Reimbursement rate for a unit of Q010 (nonfacility)	\$10.49	
Reimbursement for a unit of Q010 (facility)	\$10.34	
Reimbursement for a unit of Q011 (nonfacility)	\$20.93	
Reimbursement for a unit of Q011 (facility)	\$20.93	
Total Revenue from Q010	\$59.40	
Total Revenue from Q011	\$7,398.00	
Total Revenue from Q012	\$2,038.00	
Total MHCP CHI Revenue	\$7,398.00	
Reimbursement Calculator - Medicare FFS		
Number of patients served per year	10	
Number of initial 60 minute visits per patient (IG Code Q010)	1.0	
Number of follow up 30-minute increments per patient (IG Code Q011)	1.0	
Total units of Q010	10	
Total units of Q011	10	
Total units of Q012	20	
Reimbursement rate for a unit of Q010 (nonfacility)	\$74.24	
Reimbursement for a unit of Q010 (facility)	\$44.78	
Reimbursement for a unit of Q011 (nonfacility)	\$144.44	
Reimbursement for a unit of Q011 (facility)	\$144.44	
Total Revenue from Q010	\$792.40	
Total Revenue from Q011	\$5,088.00	
Total Revenue from Q012	\$11,824.00	
Total Medicare FFS CHI Revenue	\$17,684.40	

CHW Education Services		
Reimbursement Calculator - Medicare Payer		
Procedure Code 9896 (face-to-face service, 1 patient)	Assumption	
Number of patients served per year	10	
Average number of service units provided per patient per year	1.0	
Total number of 9896 service units provided	10	
Payer reimbursement rate for a unit of 9896 service	\$1,641.68	
Budgeted revenue for 9896 service delivery	\$16,416.80	
Procedure Code 9891 (face-to-face service, 2-4 patients)		
Number of groups served per year	1	
Average number of patients per group	2.4	
Number of 9891 service units provided per group	2	
Total number of 9891 service units provided	2	
Payer reimbursement rate for a unit of 9891 service	\$22.52	
Budgeted revenue for 9891 service delivery	\$45.04	
Procedure Code 9892 (face-to-face service, 5-8 patients)		
Number of groups served per year	1	
Average number of patients per group	5.8	
Number of 9892 service units provided per group	2	
Total number of 9892 service units provided	2	
Payer reimbursement rate for a unit of 9892 service	\$18.52	
Budgeted revenue for 9892 service delivery	\$37.04	
Procedure Code 9892 w/IR modifier (face-to-face service, 5-8 patients)		
Number of groups served per year	1	
Average number of patients per group	5.8	
Number of 9892 UB units provided per group	2	
Total number of 9892 UB service units provided	2	
Payer reimbursement rate per unit of 9892 UB service	\$1,585.92	
Budgeted revenue for 9892 UB service delivery	\$3,171.84	
Total Medicare Payer Revenue	\$22,589.28	

Detailed Expense Assumptions		
CHW Compensation Calculator		
Hourly wage	\$23.00	
Hours / year	2000	
Total Salary	\$46,000.00	
Payroll tax	\$3,319.00	7.45%
Other benefits	\$4,400.00	10%
Total Compensation per CHW	\$54,119.00	
Number of budgeted FT CHWs	1	
Total CHW compensation	\$54,119.00	
Overhead Expense Assumptions (Annualized)		
Management oversight	\$2,000	per CHW
Clinical oversight	\$2,000	per CHW
Clinical billing	\$2,000	per CHW
Supplies	\$300	per CHW
Travel/ mileage	\$500	per CHW
Phone	\$500	per CHW
Computer	\$500	per CHW
Printer	\$50	per CHW
Software	\$150	per CHW
Secure email	\$10	per CHW
DMS	\$50	per CHW
Phone service	\$50	per CHW
Rent	\$6,000	per CHW
Furniture	\$1,000	per CHW
Other	\$5,411.98	per CHW

CHW Productivity Assumptions		
General Productivity Assumptions		
Average time allocation for a full-time (40 hours) CHW	2000	
Total hours available per year	2000	
Administrative overhead (trainings, meetings, etc)	300	15%
Nonbillable client time (scheduling, travel, prep, after)	500	25%
Nonbillable hours per year available to generate billable hrs.	1200	60%
Estimated CHW Revenue-Generating Hours/Year		
Medicaid FFS units of 9896, 9891, 9892, 9892 w/IR m	744	372
CH MHCP Medicare FFS Code Q010	20	20
CH MHCP Medicare FFS Code Q011	400	200
Private Payers (units of 9896, 9891, 9892, 9892 w/IR	744	372
Total billable hours per year	908	454

Non-claims revenue
assumptions



QUESTIONS

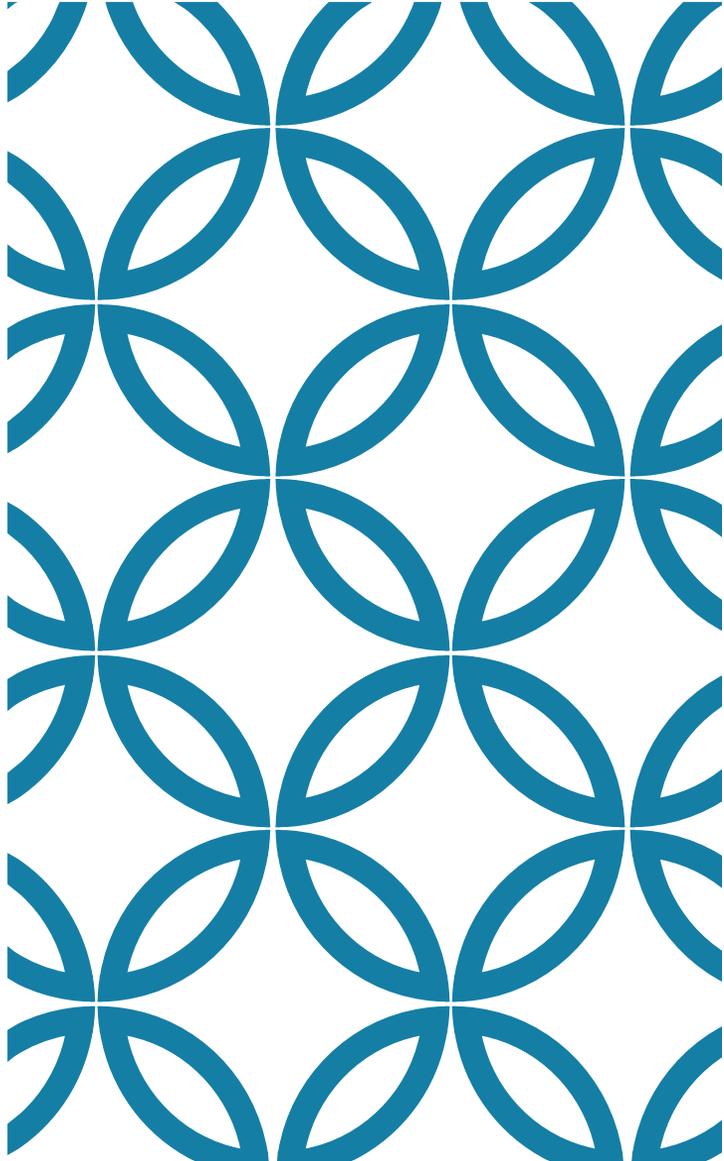
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CHW Solutions
Community Health Worker services made easy



APPENDICES

FINANCIAL MODEL — INSTRUCTIONS TAB

The first tab of the financial model provides a description of the tool's individual tabs and instructions for populating each.

Tab Descriptions
<p>Summary Tab</p> <p>The summary tab "rolls up" all of the assumptions that you will input into subsequent tabs of the tool. It provides the "bottom line" analysis of your CHW program's revenue, expenses and profitability. Note: the only cells you should populate on this tab are the yellow "reimbursement fee" assumptions. "Reimbursement Fees" are the fees that payors subtract from your reimbursement payments.</p>
<p>Health Education Revenue</p> <p>This tab is intended to allow you to model the revenue your organization is likely to generate from the provision of health education services. By populating the yellow cells on this tab, the model will help you to understand your projected case mix, patient volume and reimbursement revenue by payor type. This tab also calculates the total number of Health Education service hours you expect to deliver in the budget period and compares that to your CHW team's available productivity (on the CHW Productivity tab).</p>
<p>CHI Revenue</p> <p>This tab is intended to allow you to model the revenue your organization is likely to generate from the provision of CHI services. By populating the yellow cells on this tab, the model will help you understand your projected case mix, patient volume and reimbursement revenue by payor type. This tab also calculates the total number of CHI service hours you expect to deliver in the budget period and compares that to your CHW team's available productivity (on the CHW Productivity tab).</p>
<p>Other Revenue</p> <p>The "other revenue" tab is intended to capture any other sources of revenue – outside of claims reimbursement - that your CHW program expects to collect. You can use the yellow cells on this tab to quantify these additional sources of support.</p>
<p>Direct CHW/CHR Expense</p> <p>This tab is intended to quantify the direct expense of your CHW team. By populating the yellow cells in this tab you can reflect the size of your team and the compensation (salary and benefits expense) of your CHW/CHR team.</p>
<p>Indirect CHW/CHR Expense</p> <p>This tab is intended to quantify the indirect (administrative) expense of your CHW program. By populating the yellow cells on this tab, you can reflect the other expenses – beyond salary and benefits – that your CHW requires to operate.</p>
<p>CHW Productivity</p> <p>This tab is intended to allow you to estimate the available billable productivity of your CHW team. By populating the yellow cells on this tab you can estimate how much unbillable time (meetings, travel, trainings) that your team will incur, and how much time remains to generate claims revenue. The bottom of this tab compares your estimated, "available" CHW time with the projected volume of Health Education and CHI service you expect to provide – to ensure that your model doesn't assume more claims revenue than your team can reasonably deliver.</p>
<p><i>Interactive CHW/CHR services revenue and expense model developed by CHW Solutions, LLC.</i></p>


SUMMARY TAB

The summary tab collects all of the information provided in the subsequent “working” tabs of the spreadsheet and provides a high-level perspective of your program’s net “profitability”.

Please note: the only information you should input on the summary tab are the “reimbursement fees” that you expect your payors will levy on your payments.

Operational Budget (Summary)			
Revenue			Assumption
Direct Revenue	Health Education Revenue	MA (MHCP)	\$ 4,064.16
		DHS reimbursement fees	\$ (121.92) 3%
		Managed Care Organizations (MCOs)	\$ 98,483.52
		MCO reimbursement fees	\$ (2,854.51) 3%
		Total Education Services Revenue	\$ 99,471.25
	CHI Revenue	MHCP	\$ 800.84
		DHS reimbursement fees	\$ (24.03) 3%
		Medicare	\$ 1,283.55
		Medicare reimbursement fees	\$ (38.51) 3%
		MCO	\$ 1,283.55
		MCO fees	\$ (38.51) 3%
		Total CHI Revenue	\$ 3,266.90
	Other Revenue	IHS support for 638 contract facilities	\$ -
		Philanthropy	\$ 10,000.00
		Internal Transfers	\$ -
		Total Indirect	\$ 10,000.00
	Total Revenue		\$ 112,738.15
Expense			
Direct Expense	CHW/CHR Compensation	Salaries	\$92,000.00
		Benefits	\$16,238.00
		Total Compensation	\$108,238.00
Indirect/Admin Expense	Expense per CHW/CHR FTE	Management oversight	\$ 2,000
		Clinical oversight	\$ 2,000
		Claims billing	\$ 2,000
		Supplies	\$ 350
		Travel	\$ 500
		Phone	\$ 800
		Computer	\$ 500
		Printer	\$ 50
		Software	\$ 150
		Secure email	\$ 10
		Electronic health record	\$ 50
		Phone service	\$ 50
		Rent	\$ 6,000
		Furniture	\$ 1,000
		Subtotal	\$ 15,460
		Remaining overhead (insurance, acct, etc)	\$ 1,546
		Grand Total Indirect/Admin Expense per CHW	\$ 17,006
		Budgeted number of FTE CHWs/CHRs	2
		Grand Total Indirect/Admin Expense	\$ 34,012
	Total Expense		\$125,244.00
	Net Revenue / (Expense)		\$ (12,505.85)

Interactive CHW/CHR services revenue and expense model developed by CHW Solutions, LLC.

HEALTH EDUCATION REVENUE

The health education revenue tab allows the user to model your program's expected revenue for delivering health education by:

- case format (individual, group)
- case volume
- case mix, and
- payor mix

for health education patients.

Health Education Revenue		Assumption	
Payor	Procedure Code	Number of patients served per year	Current DHS reimbursement
Medicaid (MHCP)	9890 (face-to-face service, 1 patient)	24	\$23.53
		7	
		188	
		\$4,953.04	
9891 (face-to-face service, 2.4 patients)	9891 (face-to-face service, 2.4 patients)	1	\$11.26
		4	
		4	
		\$45.03	
9892 (face-to-face service, 5.8 patients)	9892 (face-to-face service, 5.8 patients)	1	\$8.26
		4	
		4	
		\$33.04	
9892 w/U9 modifier (face-to-face service, >8 patients)	9892 w/U9 modifier (face-to-face service, >8 patients)	1	\$8.26
		10	
		4	
		\$33.04	
Managed Care Organization	9890 (face-to-face service, 1 patient)	97	20%
		24	
		2080	
		\$47.06	
9891 (face-to-face service, 2.4 patients)	9891 (face-to-face service, 2.4 patients)	1	
		4	
		4	
		\$22.92	
9892 (face-to-face service, 5.8 patients)	9892 (face-to-face service, 5.8 patients)	1	
		8	
		4	
		\$16.52	
9892 w/U9 modifier (face-to-face service, >8 patients)	9892 w/U9 modifier (face-to-face service, >8 patients)	1	
		10	
		4	
		\$16.52	
<small>Note: 87% of Medicaid enrollees in MN received their coverage from an MCO in 2024. *Minnesota Medicaid Managed Care Comprehensive Quality Strategy* Minnesota Department of Human Services, June 2024</small>			
Total Service Units Projected in budget year		2256	Hours: 1128
9890 (30 min)		8	4
9891 (30 min)		8	4
9892 (30 min)		8	4
9892 w/U9 (30 min)		8	4
Total hours			1140

Interactive CHW/CHR services revenue and expense model developed by CHW Solutions, LLC.



COMMUNITY HEALTH INTEGRATION (CHI) REVENUE

The CHI revenue tab allows the user to model your program's expected revenue for delivering CHI services by:

- case volume
 - case mix, and
 - payor mix
- for CHI patients.

Community Health Integration Reimbursement (using 9/10/2025 MHCP fee schedule, nonfacility example)			
Payor			Assumption
MHCP	Number of patents served per year	1	
	Number of initial 60 minute visits per patient per year (G Code G0019, nonfacility)	1	G0019 cannot be billed more than once a month for a single CHI patient
	Number of initial 60 minute visits per patient per year (G Code G0019, facility)	0	
	Number of incremental 30 minute units per patient (G Code G0022, nonfacility)	20	10 hours per patient
	Number of incremental 30 minute units per patient (G Code G0022, facility)	0	10 hours per patient
	Total units of G0019 (nonfacility)	1	
	Total units of G0019 (facility)	0	
	Total units of G0022 (nonfacility)	20	
	Total units of G0022 (facility)	0	
	Reimbursement rate for a unit of G0019 (nonfacility)	\$ 59.84	MHCP reimbursement currently \$59.84 per unit
	Reimbursement rate for a unit of G0019 (facility)	\$ 35.80	MHCP reimbursement currently \$35.80 per unit
	Reimbursement rate for a unit of G0022 (nonfacility)	\$ 37.05	MHCP reimbursement currently \$37.05
	Reimbursement rate for a unit of G0022 (facility)	\$ 25.04	MHCP reimbursement currently \$25.04
	Total revenue from G0019	\$ 59.84	
Total revenue from G0022	\$ 741.00		
Total MHCP CHI revenue	\$ 800.84		
Medicare	Number of patents served per year	1	
	Number of initial 60 minute visits per patient per year (G Code G0019, nonfacility)	1	G0019 cannot be billed more than once a month for a single CHI patient
	Number of initial 60 minute visits per patient per year (G Code G0019, facility)	0	
	Number of incremental 30 minute units per patient (G Code G0022, nonfacility)	20	10 hours per patient
	Number of incremental 30 minute units per patient (G Code G0022, facility)	0	10 hours per patient
	Total units of G0019 (nonfacility)	1	
	Total units of G0019 (facility)	0	
	Total units of G0022 (nonfacility)	20	
	Total units of G0022 (facility)	0	
	Reimbursement rate for a unit of G0019 (nonfacility)	\$ 79.55	Medicare reimbursement currently \$79.55 per unit
	Reimbursement rate for a unit of G0019 (facility)	\$ 63.40	Medicare reimbursement currently \$63.40 per unit
	Reimbursement rate for a unit of G0022 (nonfacility)	\$ 60.20	Medicare reimbursement currently \$60.20 per unit
	Reimbursement rate for a unit of G0022 (facility)	\$ 44.50	Medicare reimbursement currently \$44.50 per unit
	Total revenue from G0019	\$ 79.55	
Total revenue from G0022	\$ 1,263.50		
Total Medicare CHI revenue	\$ 1,343.05		
MCO	Number of patents served per year	1	MCO Reimbursement as a % of Medicare Rate
	Number of initial 60 minute visits per patient per year (G Code G0019, nonfacility)	1	G0019 cannot be billed more than once a month for a single CHI patient
	Number of initial 60 minute visits per patient per year (G Code G0019, facility)	0	
	Number of incremental 30 minute units per patient (G Code G0022, nonfacility)	20	10 hours per patient
	Number of incremental 30 minute units per patient (G Code G0022, facility)	0	10 hours per patient
	Total units of G0019 (nonfacility)	1	
	Total units of G0019 (facility)	0	
	Total units of G0022 (nonfacility)	20	
	Total units of G0022 (facility)	0	
	Reimbursement rate for a unit of G0019 (nonfacility)	\$ 79.55	Medicare reimbursement currently \$79.55 per unit
	Reimbursement rate for a unit of G0019 (facility)	\$ 63.40	Medicare reimbursement currently \$63.40 per unit
	Reimbursement rate for a unit of G0022 (nonfacility)	\$ 60.20	Medicare reimbursement currently \$60.20 per unit
	Reimbursement rate for a unit of G0022 (facility)	\$ 44.50	Medicare reimbursement currently \$44.50 per unit
	Total revenue from G0019	\$ 79.55	
Total revenue from G0022	\$ 1,263.50		
Total MCO CHI revenue	\$ 1,343.05		
Total Service Units Projected in budget year			Hours
	G0019 (60 minutes)	3	3
	G0022 (30 minutes)	60	30
	Total Hours of Service		33

Interactive CHW/CHR services revenue and expense model developed by CHW Solutions, LLC.



DIRECT EXPENSE

The direct expense tab allows you to model your program's estimated expenses for CHW/CHRs, including:

- Salaries
- Benefits, and
- Payroll tax

Direct Expense		Assumption	
CHW Compensation Calculator			
Hourly wage	\$23.00		
Hours / year	2000		
Total Salary	\$46,000.00		
Payroll tax	\$3,519.00	7.65%	
Other benefits	\$4,600.00	10%	
	\$8,119.00		
Total Compensation per CHW	\$54,119.00		
Number of budgeted CHW FTEs	2		
Total Salary	\$92,000.00		
Total Benefits	\$16,238.00		
Total CHW compensation	\$108,238.00		
<i>Interactive CHW/CHR services revenue and expense model developed by CHW Solutions, LLC.</i>			
 CHW Solutions			

INDIRECT EXPENSE

The indirect expense tab allows you to model your program's estimated overhead expenses including:

- Management
- Clinical oversight
- Claims billing
- Supplies
- Technology
- Rent
- Furniture
- etc

Indirect / Administrative Expenses		
Expense Category	Expense per CHW/CHR	Assumption
Management oversight	\$ 2,000	
Clinical oversight	\$ 2,000	
Claims billing	\$ 2,000	
Supplies	\$ 350	
Travel/mileage	\$ 500	
Phone	\$ 800	
Computer	\$ 500	
Printer	\$ 50	
Software	\$ 150	
Secure email	\$ 10	
EHR	\$ 50	
Phone service	\$ 50	
Rent	\$ 6,000	
Furniture	\$ 1,000	
Subtotal	\$ 15,460	
other indirect expense (insurance, accounting, etc)	\$ 1,546	10%
Total Indirect/Administrative Expense per CHW/CHR FTE	\$ 17,006	
Budgeted CHW/CHR FTEs	\$ 2	
Grand Total - Indirect/Administrative Expense	\$34,012	

Interactive CHW/CHR services revenue and expense model developed by CHW Solutions, LLC.



PRODUCTIVITY

The productivity tab allows you to model your program's estimated billable and nonbillable CHW/CHR time and reconcile it with your program's revenue estimates.

CHW/CHR Productivity Assumptions			
General Productivity Assumptions			
	Average time allocation for 1 full-time CHW/CHR (40 hours/week)		
		Total hours available per year	2000
		Administrative overhead (trainings, meetings, etc.)	500
		Nonbillable patient time	500
		Billable patient time (in hours)	1000
			25%
			25%
			50%
	Budgeted number of CHW/CHR FTEs		2
	Total Available Billable hours		2000
		Estimated CHW/CHR hours expended in Budget Year	1173
Productivity Suplus (Deficit) in hours per budget year			827
Interactive CHW/CHR services revenue and expense model developed by CHW Solutions, LLC.			
 CHW Solutions			

Thank you!



Don't forget
to fill out the
survey!

<https://forms.office.com/g/zJm7EsMTEE>

Health Care Homes Team

health.healthcarehomes@state.mn.us

<https://www.health.state.mn.us/facilities/hchomes/index.html>

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